

Name:
MRN:
Date:
Study Number:

PRE-BIOPSY: Patient

Laser acupuncture study

1. How **anxious** do you feel right **now**? Please circle a number

0	1	2	3	4	5	6	7	8	9	10
Not at all		Little		Medium				A lot		Worst imaginable

2. How much **pain** do you feel right **now**? Please circle a number below:



0
No
Hurt



2
Hurts
Little Bit



4
Hurts Little
More



6
Hurts
Even More



8
Hurts
Whole Lot



10
Hurts
Worst